



CatholicCare NT

TO:

Joint Standing Committee on the National Disability Insurance Scheme
PO Box 6100
Parliament House
Canberra ACT 2600

CatholicCare NT: Response to Joint Standing Committee on the NDIS – Inquiry into participant experience in rural, regional and remote Australia

CatholicCare NT (CCNT) is a registered NDIS provider across many rural, regional and remote parts of the NT and the remote APY Lands in SA. Communities serviced include the Tiwi Islands, Darwin and surrounds, Tennant Creek and surrounding communities, Alice Springs and surrounding communities and Indulkana, Mimili, Fregon, Pukatja, and Amata in the APY Lands. The comments below are based on our experiences as a place-based NDIS service provider with staff and infrastructure in the communities we service. As a place-based provider, CCNT has established and trusted relationships with NDIS Participants and community stakeholders in the communities we serve.

- a. Comments on the experience of applicants and Participants at all stages of the NDIS, including application, plan design and implementation, and plan reviews.
 - Local clinics are usually the drivers in identifying people within remote communities that may be eligible for or require NDIS support. Clinics usually complete this process on behalf of potential NDIS Participants. As Participants in remote and very remote communities often don't understand the plan design phase due to language, literacy and other barriers, local clinics advocate for initial plans for Participants. As a result, the initial plans for remote and very remote Participants tend to be standard across the board, may be inadequate to Participant needs and are not person centered. Consequently, further evidence and reports are required to be submitted to NDIA by the COS to request plan reviews in order to get adequate funding in Participants plans. This can be a slow process.
 - Due to the to distance and lack of services available in rural, regional and remote Australia it can take a number of plan reviews to get plans close to being what the Participant requires. Unless there is a requested plan review, it has been our observation that the NDIA has a tendency to rollover plans and not review them in these regions.
 - Participants from remote and very remote communities often face difficulties in understanding the complexity of the NDIS system and the different supports and providers available to them including COS, OT, Remote Community Connectors, Community Access etc. In addition, access to translation services is very limited. As a result, Participants may be present for plan reviews, however they are usually done 'for' rather than 'with' the Participant's active input.

- Implementation for Participants in remote and very remote communities tends to vary depending on the Participants willingness and ability to engage. Many Participants have had negative experiences in the past with intermittent service providers and can take years to build trust and connection which is vital to achievement of Participant goals. This issue is exacerbated by the constant turn over of providers in remote regions. Implementation is usually received better by Participants when there is place-based services and support within the community.
- b. Comments on the availability, responsiveness, consistency, and effectiveness of the National Disability Insurance Agency in serving rural, regional and remote Participants.
- Participants living in remote regions face significant barriers accessing NDIA support. Participants report that whenever they call the 1800 number for support they are not able to access what they need because they aren't able to prove their ID over the phone; English is a second (or third or fourth) language for them and they cannot understand what is being asked of them; their addresses held on the NDIA file are often wrong. In addition, Participants in remote regions are unlikely to wait around long enough for the 1800 line to be answered.
 - There is no ability for NDIS Participants living in remote regions to meet with NDIA face to face unless NDIA Officers visit their communities. Our experience has been that when they do attend remote communities, NDIA Planners allocated to remote spaces often have little or no understanding of the barriers and complexities faced by Participants living there and are forced to do the best they can in reviewing plans which often fall far short of what is required. Further, more senior NDIA Officers do not regularly visit remote regions to increase their knowledge and understanding of the challenges to Participants living in these regions. As a result, the specific challenges of remote NDIS services are not well understood by the NDIA.
 - We acknowledge that the NDIA has tried to address remote barriers to some extent and has implemented remote community connectors in some very remote communities. However, our experience has been that the services and supports for these roles not only varies across regions but also in the skillsets of those employed in these roles which has direct impact on the quality of support provided.
 - At present, the NDIA is taking approximately 30 days to upload documents to a Participant file. This not only causes delays with requested plan review, change of circumstances, or consent to share for Participants and has significant impacts on the progress of supports provided to Participants. NDIA will not speak to providers about a Participant until these documents are uploaded and attached to the Participants folder.
 - The NDIA doesn't acknowledge the need for step up, step down supports in the remote space. When Participants are unable to fully utilise their plans, often due to thin markets of service providers, their funding can be reduced by the NDIA or they may be required to reassess for NDIS eligibility. There is no recognition that, at times, funding is not utilised because Participants are unable to access the supports they require at that time.

A step up, step down approach would enable Participants to access the supports they require as they become available.

- In summary, the experience of remote Participants in the communities in which we deliver services suggests that NDIA doesn't have sufficient understanding of the challenges of living remote nor the ability to adequately support people with complex disability in these regions.
- c. Comments on Participants' choice and control over NDIS services and supports including the availability, accessibility, cost and durability of those services
- It has been our experience as a place-based provider to have remote Participants regularly sign with new providers who visit remote and very remote communities with the express purpose of signing new recruits to their city-based service. In addition, they often provide incentives to the participant to sign up with their service. We consider this to be unethical conduct. Whilst we support the principle of 'choice and control', we are often required to support Participants who then find it very difficult to contact their new provider to cancel services when they do not provide the service contracted.
 - Place-based providers are available to provide services and supports daily where FIFO can only provide spontaneous services. Placed based providers also have increased knowledge and understanding of appropriate cultural requirements for each community. Having place-based services in communities provides Participants with enhanced transparency, continuity and strong connection which impacts on the Participants continuity of supports and funding allocations and, ultimately, their ability to exercise choice and control.
 - It is also noted that the provision of allied health supports to remote Participants can be difficult when they are not comfortable having non-familiar providers in their home. Partnerships with place-based providers for these specialised services can also enhance the ability of Participants to exercise choice and control.
 - As place-based service provision in remote regions enhances the ability of Participants to exercise choice and control, it is important that the increased costs of this type of service provision is given consideration. Place-based providers are required to provide the infrastructure, housing and staffing structures that is not recovered by NDIS payments. A block funded model of NDIS delivery in remote areas is critical to the ongoing sustainability of these services.
- d. Comments on the particular experience of Aboriginal and Torres Strait Islander Participants, Participants from culturally and linguistically diverse backgrounds, and Participants from low socio-economic backgrounds, with the NDIS
- Many Aboriginal NDIS Participants experience many challenges and barriers in their everyday life that need to be addressed. This includes food security, overcrowding, and

financial security. In addition, NDIS supports for equipment such as beds and scooters are regularly taken from Participants.

- We are also aware that Participants in remote communities are often cold at night yet their NDIS plan does not fund essential supports such as clothing, bedding, swags etc.
- Many remote NDIS Participants require regular respite from the community however they need to be escorted by family members to access this.
- In general, CCNT considers that there is limited understanding of the NDIS complexities and limitations of services provided in remote communities. The NDIS does not meet remote Participants where they are at and is very limited in what can be provided to them to meet their needs and achieve realistic plan goals.

e. Comments on other related matters

- CCNT notes that there is a critical lack of Aboriginal people working for NDIS providers in rural, regional and remote communities. The requirements for NDIS Worker Screening can be a barrier to addressing this issue. Some consideration must be given to finding suitable solutions.
- CCNT notes that the NDIS must give consideration to ensuring cultural safety with all supports and services provided in remote communities. The employment of Aboriginal Workers as cultural brokers within place-based services is a possible strategy for improvement.
- CCNT notes that block funded place-based services provide the best opportunity for Participants living in rural, regional and remote communities to achieve their NDIS goals.

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